

# ATTENDEE REGISTRATION FORM

## Register *online* at [www.IBTTA.org/orlando](http://www.IBTTA.org/orlando)

### 1. ATTENDEE INFORMATION *(Please complete one form per registrant.)*

Contact Name \_\_\_\_\_

Title \_\_\_\_\_ Name for Badge \_\_\_\_\_

Organization \_\_\_\_\_

Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Guest Name \_\_\_\_\_ Name for Badge \_\_\_\_\_

- I am a first-time attendee.  I am interested in joining IBTTA.

### 2. REGISTRATION FEES *(Registration fees are in U.S. dollars.)*

After March 22, 2019, registrations will only be accepted on-site. If your registration is not confirmed by March 22, 2019, your name will not appear in the final registration list. Registration includes all events listed in the program.

	FEE		FEE
Delegate	<input type="checkbox"/> \$775	DBE/WBE/MBE/SBE	
Delegate Non-Member	<input type="checkbox"/> \$1,275	Member Delegate****	<input type="checkbox"/> \$600
Delegate Government*	<input type="checkbox"/> \$600	Speaker/Moderator	<input type="checkbox"/> \$400
Delegate Non-Member Government*	<input type="checkbox"/> \$900	Guest**	<input type="checkbox"/> \$375
Exhibit Staff (No Sessions/Booth Only)	<input type="checkbox"/> \$500	Media*** No Fee. Sessions only. Requires Approval.	

\* Government rates apply to employees and/or members of governing body of international, federal, state, county, local and provincial governments.

\*\* Guest refers to a spouse or personal friend, not a business associate or staff member. Guest rate includes two lunches, a reception and the Monday Evening Event.

\*\*\* Members of credentialed media are welcome to attend sessions only and must check in at IBTTA registration desk. Contact Bill Cramer, Communications Director, [bcramer@ibttta.org](mailto:bcramer@ibttta.org).

\*\*\*\* See [IBTTA.org/member-categories](http://IBTTA.org/member-categories) for eligibility. Only members can register at this rate.

### 3. TOURS & EVENT

	# OF TICKETS	PRICE	AMOUNT
<b>TECHNICAL TOURS</b>			
<b>Florida Polytech SunTrax</b>			
Sunday, March 31, 2019   8:30am – Noon	_____	\$40.00	_____
<b>Cape Canaveral Spaceport (limited space)</b>	1 ticket limit/ delegate		
Sunday, March 31, 2019   8:30am – 1:00pm	_____	\$40.00	_____
<b>Orlando Intermodal Terminal Facility</b>			
Sunday, March 31, 2019   8:30am – Noon	_____	\$40.00	_____
<b>EVENING EVENT</b>			
<b>Networking at Universal CityWalk™</b>			
Monday, April 1, 2019   6:30pm – 9:30pm	_____	included in registration fee	_____

### 4. WORKING GROUPS AND ROUNDTABLES

I plan on attending the following:

- Young Professionals Council  Technology Roundup  
 IBTTA/PIARC Idea Exchange: Global  Tolling 101  
Urban Mobility Solutions  Procurement Roundtable

### RETURN THIS FORM ALONG WITH PAYMENT TO IBTTA

1146 19th Street NW, Suite 600  
Washington, DC 20036-3725  
Fax: +1 (202) 659-0500

### \*NEED WIRE TRANSFER INFORMATION OR A FORMAL INVOICE?

Registration and tour fees must be paid in full at the time attendees arrive at the workshop. Contact Harry Smith at [hsmith@ibttta.org](mailto:hsmith@ibttta.org) or (202) 659-4620 x10.

### GENERAL INFORMATION

Registration fees include all functions on the official program. All employees of an agency or firm are considered "Delegates." In order for names to appear in the official printed registration list, paid registrations must be received at IBTTA by March 22, 2019.

### REGISTRATION REFUND AND CANCELLATION POLICY

Full registration refunds less \$75 administrative fee will be made if cancellation is received in writing by IBTTA before March 22, 2019. No refunds will be issued after March 22, 2019. No refunds will be issued for no-shows. Substitutions are allowed at any time.

### SPECIAL REQUIREMENTS

If you have special requirements, please attach a separate note of explanation.

### PAYMENT SUMMARY

2 REGISTRATION FEES	\$ _____
3 TOURS & EVENT	\$ _____
<b>TOTAL DUE</b>	<b>\$ _____</b>

### METHOD OF PAYMENT

I wish to use the credit card listed below:

- Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Authorized Signature (only if paying by credit card) \_\_\_\_\_

Billing Address if Different from Attendee Information \_\_\_\_\_

- Check enclosed  
 Wire Transfer  
 Bill Me\*

NOTE: If you would like to have your professional fees billed separately from your personal fees, please contact Harry Smith at (202) 659-4620 x10 or [hsmith@ibttta.org](mailto:hsmith@ibttta.org).

I have read and understand the payment and cancellation policies outlined on this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_